



## GOVERNOR'S COMMISSION ON ALCOHOL & DRUG ABUSE PREVENTION, TREATMENT & RECOVERY

### BUREAU OF DRUG AND ALCOHOL SERVICES

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Date: July 26, 2018

To: Jeffrey Meyers, NH DHHS Commissioner

The Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery (Commission) is happy to submit feedback to the New Hampshire Department of Health and Human Services (NH DHHS) on its plan to submit a proposal to the Substance Abuse and Mental Health Services Administration (SAMHSA) for the State Opioid Response (SOR) Grant.

The Commission has a legislated mission to reduce alcohol and drug problems and their behavioral, health, and social consequences for the citizens of New Hampshire by advising the Governor and Legislature regarding the delivery of effective and coordinated alcohol and other drug misuse prevention, treatment and recovery services. The Commission recommends that NH DHHS address the following Commission priorities (Mid-Year Report, March 2018) in its proposal:

- Stabilize and expand support for prevention, early identification, treatment, and recovery services, especially for high risk populations;
- Support expansion of Medication Assisted Treatment (MAT) and withdrawal management services;
- Expand investment in workforce development for prevention, early identification, treatment and recovery support services; and
- Expand harm reduction efforts.

In addition, the Task Forces of the Commission would like to provide the following recommendations and feedback, for consideration by NH DHHS, to inform its plan to increase access to MAT, reduce unmet treatment needs, and reduce opioid overdose-related deaths through the provision of prevention, treatment and recovery activities, per the availability of federal funding.

The Prevention Task Force recommends that DHHS consider funding for the following initiatives:

- CARA proposals from Drug Free Community Coalitions, which identify evidence-based strategies and target specific opioid risk and protective factors;
- Public Awareness Campaigns supported by the Partnership for a Drug Free NH and Anyone, Anytime regarding safe storage and disposal of prescription drugs;
- Policy Reform initiatives to include required CEU's on the disease of addiction, safe prescribing practices, risk/benefit of opioids, PDMP, etc. for all practitioners who have a license to prescribe opioids;
- Promotion of the Recovery Friendly Workplace Initiative; and
- Professional development opportunities to address Compassion Fatigue, ACEs, and SBIRT, especially for court diversion and school settings, as well as Community Management Team trainings across NH School Districts.

The Treatment Task Force recommends providing services to support those in treatment and early recovery, to include:

- Sustainable transportation options, child care services and/or an employment/career program to assist the provision of meaningful work;
- Recovery housing supports;
- Payment of early career professionals unable to bill for services;
- Adolescent recovery supports that are not currently billable; and
- Expansion of MAT services in specialized settings.

The Recovery Task Force recommends placing a strong emphasis on building capacity that is transferable to all substance use disorders. This can be applied to the following areas:

- MAT, as improving connections to primary care for people receiving MAT can be applied, regardless of substance;
- Expansion of recovery housing opportunities and quality assurance, which could include MAT-specific housing;
- Expansion of the capacity and scope of Recovery Community Organizations (special populations, workforce development, etc.);
- Recovery services and supports in pre-trial, diversion and drug court;
- Support for syringe services programs as a conduit to recovery; and
- Services and supports for custodial grandparents.

The Joint Military Task Force recommends the following initiatives:

- Creating a SUDS Military Liaison Model (based on the nationally recognized NH CMHC Military Liaison Model), including a statewide coordinator and 15 military liaisons to work with 15 SUD providers contracted through NH DHHS; and
- Continuation of the CMHC Military Liaison Model, including a statewide coordinator and 10 military liaisons working within the 10 CMHCs, continuing the work of strengthening supports and services for NH's military, veterans, and families.

The Perinatal Task Force recommends that available funding be utilized to address the unmet needs of women of childbearing age, women who are pregnant and newly parenting, and very young children. The following strategies provide an effective two-generation approach:

- Fostering prevention, treatment, recovery and wellness, and the ability to parent successfully for mothers;
- Reducing and mitigating the impact of adverse childhood experiences (ACEs) and building resiliency factors to prevent a new generation of substance misuse;
- Universalizing SBIRT (Screening, Brief Intervention, and Referral to Treatment) for all women of childbearing age as part of primary care and OB practices;
- Integrating SUD services within OB practices and primary care;
- Enhancing current SUD treatment programs to be family-centered;
- Increasing residential treatment capacity specific for pregnant and newly parenting women and women early in recovery with a focus on programs that accept school age children and provide services for those children;
- Increasing access to evidence-based contraceptive counseling techniques, with a focus on shared decision-making and reproductive justice;
- Increasing access to a woman's chosen contraceptive method if they do not intend to become pregnant;
- Working with pediatric practices to develop recovery-friendly supports for mothers with opiate use disorders, as well as parenting and developmental supports for their children;

- Increasing care coordination for pregnant and newly parenting women with SUD, from prenatal to postnatal settings, and first year postpartum;
- Supporting Plan of Safe Care implementation; and
- Increasing recovery housing opportunities for women and their children.

The Opioid Task Force provides the following recommendations:

- Programming that supports the development of a seamless system to address substance use disorders across the justice system from pretrial and drug courts through incarceration to probation and parole; and
- Enhancing professional education in addressing substance misuse and use disorders and supporting plans/guidelines and reduce stigma in order to facilitate implementation of harm reduction strategies.

The Healthcare Task Force recommends the following strategies:

- Incorporating routine Screening Brief Intervention, Referral for Treatment & Support of Recovery (SBIRT-R) into high yield practice settings (Primary Care, Ob Gyn, Adolescent Medicine, ER, Psychiatry, Mental Health providers);
- Programming that initiates SUD treatment (including MAT & referral to psychosocial treatment) in settings where persons with substance use disorders are often in withdrawal and/or distress, such as emergency rooms;
- Developing a campaign to end stigma and discrimination within healthcare systems; and
- Expanding harm reduction interventions.

Additional recommendations across several task forces include:

- Professional and workforce development opportunities that address challenges faced by substance misuse providers across the continuum of care; and
- Resources to support data collection and evaluation across all systems.

Lastly, the Commission asks NH DHHS to promote collaboration and partnership with this funding opportunity. Several speakers and Commission members cited the importance of a collaborative approach to service delivery and evaluation as important to our collective success.

Thank you for your consideration of these recommendations. The Governor's Commission is pleased to partner with NH DHHS as it develops a comprehensive set of strategies to address substance misuse through the State Opioid Response Grant.

Sincerely,

*Patrick Tufts*

Patrick Tufts, MSW  
Chair, Governor's Commission